Nottingham Community Housing Association Limited

Personalised Support Team – North Nottinghamshire

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This announced inspection was carried out on 18 January 2017. Personalised Support Team – North Nottinghamshire is a domiciliary care service which provides support and personal care to people with learning disabilities living in their own homes in north Nottinghamshire. Prior to the inspection the provider told us there were 17 people using the service who received personal care, five of whom are in a supported living service.

The service had a registered manager in place at the time of our inspection, however they had been off work for a period of over 28 days. There was a temporary manager in place managing the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who understood the risks people could face but may not know how to keep people feel safe. People were supported by a regular individual or group of staff who they knew, however people may not receive the support they require to take their medicines safely.

People were provided with the care and support they wanted by staff who were trained and supported to do so. People's human right to make decisions for themselves was respected and they provided consent to their care when needed. Where people were unable to do so the provider followed the Mental Capacity Act 2005 legal framework to make the least restrictive decisions in people's best interest.

People were supported by staff who understood their health conditions and ensured they had sufficient to eat and drink to maintain their wellbeing.

People were treated with dignity and respect and their privacy was protected. Where possible people were involved in making decisions about their care and support.

People's plans of care did not contain all the information staff needed to meet their needs. People were informed on how to raise any complaints or concerns, and these were usually acted upon when they did so.

The management of the service had been through a reorganisation and was establishing itself following this. There were systems in place to monitor the quality of the service and make improvements when needed, but these were not always effective.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People may not be supported with their medicines safely.

Measures were in place to keep people who used the service safe because they were treated well by staff who understood their individual responsibilities to prevent, identify and report abuse.

People might not be supported in a way that protected them from risks whilst encouraging their independence.

People were provided with the amount of support they had been assessed to require to meet their needs.

Is the service effective?

Good

The service was effective.

People were supported by a staff team who were suitably trained and supported to meet their varying needs.

People's rights to give consent and make decisions for themselves were encouraged. Where people lacked capacity to make a decision about their care and support, their rights and best interests were protected.

People were provided with any support they needed to maintain their health and have sufficient to eat and drink.

Is the service caring?

Good

The service was caring.

People were supported by staff who were cared about them and treated them with respect.

People were involved in planning and influencing how they were provided with their support.

People were encouraged and supported to maintain their independence by staff who understood the importance and value of respecting their privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not completely responsive.

Some people may not receive the care and support they require because their plan of care did not include all the information required to do so.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems in place to monitor the quality of the service people received were not suitably robust.

The management of the service was re-establishing itself follow a reorganisation of this and other services by the provider.

Personalised Support Team – North Nottinghamshire

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 January 2017 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we have received about the service and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted some other professionals who have contact with the service and commissioners who fund the care for some people and asked them for their views.

We sent out survey forms to some people who use the service, their relatives, staff and healthcare professionals and we took their comments into consideration during the inspection. We were unable to speak with anyone who used the service during the inspection but we were able to speak with eight relatives. We spoke with four support workers, three of whom worked in supported living projects (project support workers) and one who provided support in the community (community support worker). We also spoke with a care coordinator, two quality supervisors and the temporary manager.

We considered information contained in some of the records held at the service. This included the care records for five people, staff training records, three staff recruitment files and other records kept by the

temporary manager as part of their management and auditing of the service.

Requires Improvement

Is the service safe?

Our findings

People may not receive the support they require to take their medicines safely. We found one person was being provided with occasional medicines support by staff even though this was not written into their support plan. A quality supervisor told us it had been decided this person was not meant to be provided with medicines support for safety reasons.

In another person's support plan there were two separate plans which referred to when the person may be given a PRN medicine. The person had been prescribed two different PRN medicines for separate reasons. Where it was described in these support plans in what circumstances the person may be given their PRN medicine it did not state which specific PRN medicine they should be given. A third person who was supported did not have any medicines support included in their support plan. We identified that this person was being administered a topical cream (which are applied directly onto a person's skin) on a regular basis. The person who was not provided with medicine support for safety reasons sometimes required a medicine to be administered PRN (when required). This was in the event of a medical event and this medicine should always be available to be administered if needed. This person received weekly social inclusion support from staff where they accompanied the person into the local community. We also found that there were occasions when this person was supported by staff at home, when there were no family members present. There was no risk assessment or care plan completed for how this person should be supported in these circumstances if they required their PRN medicine.

The failure to manage medicines properly and safely and to not mitigate known risks are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 12 2(a) (b) and (g)

Some relatives told us their relations did not require staff to provide them with any support to take their medicines. Other relatives told us their relations did not always get the support they needed with this. One relative described it as a "drawback" that staff were not able to support their relation with their medicines and another said there were some staff supporting their relation who were able to and others who were not.

Relatives felt their relations were safe using the service and were treated well by the staff who visited them. Some relatives told us staff supported their relation to keep them safe when they attended a day centre. One relative told us, "I know they look after [name] very well. Those ladies really look after [name], I take my hat off to them."

Staff were able to describe the different types of abuse and harm people may face, and how these could occur. They told us they had completed training on protecting people from abuse and harm and how to use safeguarding procedures if they had any concerns. Staff told us that if they suspected a person they supported was at any risk of harm or abuse they would inform their line manager. Staff knew how to contact MASH, which is the acronym used for the multi-agency safeguarding hub where any safeguarding concerns are made in Nottinghamshire.

Quality assessors told us about some recent safeguarding concerns they had raised and how these had been acted upon by the local authority. The temporary manager told us how any safeguarding concerns were monitored until they had received a response form the local authority about any action they had, or were intending to, take.

People were provided with support which kept them safe in their accommodation and when they were out in the community. One relative told us how staff made sure their relation was safe. They said, "There is no risk they keep [name] safe. They help them to transfer into and out of their wheelchair." Another relative told us staff took their relation out regularly and they always came back "safe and sound".

Staff told us they used risk assessments to identify any risks people faced and ways that these could be reduced. A project support worker told us how one person was able to make themselves a hot drink. They said when they assessed the risks this posed to the person they found these could be reduced by providing a smaller kettle. This was lighter and easier for the person to handle as well as containing less hot water. A community support worker told us a monthly safety check was carried out on wheelchairs and they did a visual check each time they used one.

People's independence was encouraged and promoted. A relative told us their relation had recently moved into a new service where they did not have a number of restrictions placed on them that had been in their previous placement. The relative told us their relation was responding well to this additional freedom which enabled them to have access to their possessions when they wanted, rather than when planned by staff. The temporary manager said they were working with the people who had moved into this new service to have increased freedom within their accommodation. For example by not having locks on doors unnecessarily, such as the laundry door, where after some initial interest people now accepted this.

People who lived in supported living projects with 24 hour staff support were supported by a small team of staff. A project support worker told us they usually provided cover for each other if anyone was unavailable for work so this did not present any problems for them. Quality supervisors told us that people who required 24 hour support or needed help with their personal care were always provided with the support they required. They said there had been occasions when they had needed to rearrange people's social visit calls to ensure this cover was provided.

People who were supported individually within the community did not always have consistent support. Some relatives told us their relations who were supported within the community were not supported by a regular individual or group of staff. They told us there were changes made to which staff were supporting their relation at short notice, and they were not always told when these changes were made. Other relatives said their relations were supported by the same individual or small group of staff and that staff were with their relations at the time that had been agreed. The care coordinator told us how staff were allocated to support people they knew but there were occasions they had to make changes when staff were unavailable for work at short notice. They told us when they could not provide cover from the existing staff they called in some regular agency workers. The care coordinator told us they were recruiting more staff to ensure they could provide the cover needed.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Details of staff recruitment were held at the provider's Nottingham office so we were unable to check the required recruitment checks had been

followed to preclude anyone who may be unsuitable to provide care and support. There was a checklist with each staff file held at the office showing that the recruitment checks had been completed, although there was no documentation to show if people were legally entitled to work in the UK. We were told this documentation was kept by the provider's human resources team and was not sent out to individual services.

Good

Is the service effective?

Our findings

For the majority of the time people were supported by staff who had the skills and knowledge to meet their needs. One relative described how a staff member had been uncertain on how to use some equipment their relation needed to support them with their mobility, but then said they had been "fine when I showed them what to do." Other relatives told us staff seemed to be appropriately trained with one relative saying staff had been trained to carry out a particular routine their relation needed support with.

Staff told us they were provided with the training and support they needed to carry out their work. This included induction training when taking up employment to prepare them for the work they would need to undertake. Quality supervisors told us this followed the Care Certificate, which is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support.

Staff told us that in addition to the training the provider had identified to be mandatory they were provided with any specific training they may need to provide a person with the support they required, for example any specific health condition a person had. Staff said that some training was completed through e-learning and other courses involved face to face teaching. A project support worker said they had recently requested an additional course from the training programme as they felt this would be beneficial for them, and this had been approved. A community support worker said they had received "loads of training" and that the provider "invests in us".

Staff also had opportunities to discuss their work individually with a manager who was assigned to be their supervisor and they were given feedback on their work performance through an annual appraisal. The staff training matrix showed staff were up to date with the training they were expected to complete. Some staff were overdue to meet with their supervisor for supervision. The temporary manager said some staff had fallen behind with their supervision due to a reorganisation, which had led to some staff being allocated a new supervisor. The temporary manager said they would ensure that staff who had not had a recent supervision would be prioritised to have one.

Relatives felt staff respected decisions their relations were able to make whist they were supporting them. One relative told us that staff "understand how [name] ticks". Staff said they obtained people's consent wherever possible. Staff described how they had discussions with people and offered advice, but said if someone had the capacity to make a decision they supported them with what they decided. The temporary manager said when a person was able to make a decision they did so, even if they thought this may not be the best decision and added that they would be ready to "pick up the pieces" if needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA and found that they were. There were assessments of people's capacity to make specific decisions included in their support plans. Where people had been assessed as not able to make a specific decision, for example to receive support with their personal care, a decision had been made in their best interest. This involved people who were significant to the person and understood them helping to make this decision. Staff understood how to follow this process but did comment that the assessment form used was too complicated and they found this off putting. A project support worker told us about a time when they had a concern about how one person was managing their finances, and this had led to the person's capacity being assessed. It was determined that the person did not have capacity to safely manage their own finances which led to alternative arrangements being made for their finances. The project support worker told us this had a positive impact for the person as they no longer spent their money so quickly. The provider informed us on their PIR that capacity to consent will always be recorded in the MCA assessment by the decision maker.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people who live in supported living accommodation this requires the local authority to make an application to the Court of Protection. Quality supervisors told us there had been three applications made to the Court of Protection and they were waiting for the decision for each of these.

People were not subjected to any form of avoidable restraint. Staff told us they worked in a way that engaged with the person, whilst distracting them from behaving in a way that could lead to some form of physical intervention. Staff told us they had received training on how to intervene in a non-threatening way that would distract the person. A project support worker told us how they had been able to support someone without the use of restraint, which had been used with them in similar circumstances in a previous placement.

The relatives of people who were supported individually within the community told us that for the majority of time their relations did not rely on staff to provide them with the support they needed with their nutrition. They told us there may be occasions when they would support their relation to take their sandwiches out of their lunchbox when at day centre or to have something to eat when out on a trip.

People who required support to ensure they had sufficient nutritional and fluid intake to maintain their health and wellbeing were provided with this. Staff told us how they assisted people who lived in supported living houses to have sufficient to eat and drink. A quality supervisor told us how they were supporting one person on a weight reduction programme, which had been very successful so far. Staff spoke of providing people with the level of support they needed in preparing meals. For some people this meant supporting them to prepare their own meal and others required staff to cook their meal for them. One project support worker told us how people in one supported living house had decided to have a 'house meal' each week where they prepared a meal which they all ate together. They said they encouraged people to have healthy meals and they kept a record of what people had to eat.

Staff also told us some people needed to be supervised when eating and had their meals prepared in a certain way. This was to help them digest their food and prevent them from choking. The temporary manager told us they sought advice from the speech and language therapy team (SALT who provide advice on swallowing and choking issues) about how some people's meals should be presented.

People who were supported in the community had arrangements made for their healthcare needs that did not usually involve staff. Their relatives told us staff understood their relation's healthcare needs and would tell them if they noticed they appeared to be unwell. A community support worker said they did not

normally need to support people to access healthcare services, but said they had on occasion worked additional hours to accompany a person they supported to a hospital appointment.

Quality supervisors told us they provided people who lived in supported living houses with the support they needed to access healthcare services. They spoke of having links with healthcare professionals that supported people. A project support worker described how they accompanied people to attend any medical appointments they had and made routine health check appointments for them. All staff were required to complete, and maintain, a first aid qualification and staff told us if needed they would call the emergency services.

Good

Is the service caring?

Our findings

Relatives spoke positively about the staff saying they built up their trust and made positive relationships with their relations. Relatives described staff as caring, friendly and approachable. One relative told us that staff had been "fantastic" with their relation. Another relative said, "Whoever does that (type of work) has to have a passion." Relatives described how staff sought to understand what their relations wanted by listening to them and using visual aids to help them communicate this. Relatives also referred to staff understanding and interpreting their relation's body language and behaviour. There was one project which catered for deaf people who lived together in the same supported living house. The majority of staff who worked in this project were also deaf. The provider informed us on their PIR that there was, "Internal access to deaf services is available if required."

Staff described themselves as being passionate about their work and how they enjoyed supporting people. One community support worker told us how they "loved to make a difference in people's lives". A project support worker described the pleasure they got when they saw a person's "face light up" when the made them a drink they liked. They also said they were made to feel appreciated for every little thing they did. The temporary manager spoke of the enormous satisfaction they were getting from setting up a new supported living project which provided people who lived there with greater opportunities and independence than they had been used to previously. A quality supervisor gave an example of how one of the people had recently been supported by staff to have their haircut at a local hairdressers. This was the first time the person had ever been able to do this as they had always had their hair cut within the place they were living. The temporary manager told us the recruitment of staff with the right values was key to providing a caring service. They said recent changes to the provider's recruitment process had helped to identify applicants who displayed these values.

People were supported to maintain relationships. Relatives told us staff supported their relations to keep in contact with them. A project support worker spoke of having arranged for one person to re-establish contact with a relative they had not seen for a number of years, and they told us how the first occasion this happened had created a special memory for both of them.

People were given the support they needed to be involved in planning and making decisions about their care. A project support worker told us how they reviewed people's support with them. They said they would read each part of the person's support plan out to them and then they would discuss this. The project support worker said this led to people making suggestions about things they did, food they ate and changes to the décor and furnishings in their house.

Quality supervisors said people were involved in regular meetings and reviews about their support. They said for some people they needed to act in their best interests. One of quality supervisors told us of an occasion when a relative had mentioned their relation enjoyed riding on trains when they were younger. As a result of this comment a plan was made to take the person to a local steam train attraction. The quality supervisor said this had been a tremendous success and that the person's enjoyment was "a delight to see".

The provider informed us on their PIR that advocacy services were engaged when required. They also mentioned the organisation that provided the services. The temporary manager said there was no one using the service who was involved with an advocate at present but they did have information about advocacy services that were available in the local area. Some people's support plans included references to people having had advocacy support. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service had their independence promoted and they were supported by staff with dignity and respect. A relative told us they felt they had been extremely fortunate to have staff who were respectful. Another relative told us their relation was, "Very comfortable with them (staff) I can tell." A project support worker described how they ensured people they supported in their house had privacy. They spoke of giving them personal space when they wanted it and always knocking on doors before entering. A quality supervisor said, "It is all about person centred care." They spoke of respecting people's dignity by being proactive and following good practices that protected people's modesty when providing any personal care.

Staff told us how they managed their own needs when they were on duty in a way that did not impact on people. This included bringing in their own meals and drinks and not interrupting people's routines. A quality supervisor showed us the policy they all followed with regard to staff meals and drinks when on duty.

Requires Improvement

Is the service responsive?

Our findings

Staff who worked in supported living projects told us they accessed people's electronic support plans and these gave them the information they needed to know about people's needs. A quality supervisor showed us the electronic care planning system and how these were updated with any new information. Some of people's support plans we reviewed had clear descriptions of how people should be supported, but some others were lacking in detail. For example one person's assessment identified that if a person displayed a certain behaviour, staff should follow the description in their support plan of how to respond, but there was no support plan in place for this. The temporary manager acknowledged there were some omissions in people's support plans that needed to be included.

Support plans we reviewed that had been completed contained the detail required to provide people with the support they required to meet their needs. This included details of the person's routine, known behaviours and how they could be communicated with. One person's support plan included details of how to support them when they were out in the community. This included what staff needed to be aware of and how to manage known situations that may arise. There was also a prompt that staff needed to be aware of where accessible toilets were located in the area they were visiting. Quality supervisors told us people received the support that had been planned for them.

A project support worker described how they involved people in reviewing their support plans and encouraged them to make any comments they wanted about this. They told us they found a quiet time to sit with the person and ask them if they were happy with their support and if there were any changes they would like to make.

People who were supported in the community had their needs assessed to determine how these should be met. Relatives of people who were supported in the community said most of the support their relations received was repetitive, such as supporting them on regular days to attend a day centre. Some relatives spoke about having reviewed this support but said they had not needed to make any changes as the support their relation required remained the same.

Before people moved into a supported living house they were assessed to ensure this would be a suitable placement for them, and any other person who was already living in the house. They were then provided with a period of introduction to meet the staff who would be supporting them, familiarise themselves with their new surroundings and meet any people who already lived there. We spoke with some relatives whose relations had just moved into a new supported living project. They described how their relations had been supported with the move, and said this had been what they had needed to help them adjust to their new home. One relative said, "The staff have been fantastic, [name] needs a lot of support which they have given. All the staff are fantastic."

People were supported to have any recreational, employment and educational opportunities they wanted. Quality supervisors told us they found out what people's goals and aspirations were and helped them to achieve these. They told us this had included some people attending college, undertaking voluntary work or

gaining some form of paid employment. We also found people were supported to follow their interests. These ranged from using local facilities in the community such as a bowling alley or gym. They also said people often went out to the local shops and that some were able to do so independently, whilst others needed to be accompanied for their own safety. A project support worker told us they had made arrangements to go to the cinema with the people they supported the following day.

People were informed about how they could raise any grumbles or complaints. One relative told us they had raised an issue they were unhappy about and they had been told someone would get back to them, however no one had done so. We informed the temporary manager of this and they said they would contact the relative to discuss this with them. Another relative said staff, "Tended to sort things out at the time so they don't become a complaint."

A project support worker told us there were systems in place within the supported living houses for people to be able to raise any complaints or grumbles. This included an easy read complaints form. They told us any complaints or grumbles made were passed onto one of the managers to ensure these were responded to. The temporary manager said they had not had any complaints made. We discussed some issues that had been raised with us by a relative which the temporary manager said they had responded to and discussed with the relative at the time. They said the relative had not presented these in a way that indicated they were making a complaint so they had not treated it as one.

Requires Improvement

Is the service well-led?

Our findings

The provider informed us on their PIR that, "Monthly quality audits completed by a dedicated team of auditors are based on CQC Fundamental Standards to ensure compliance and consistency of care and support and demonstrating continual improvement." We saw recent quality audits that had been completed which had rated the service as performing well, the most recent one had noted there were some improvements needed, which had been marked as completed. The temporary manager told us they were in the process of sending out some surveys to relatives to ask for their comments on the service their relations received. We asked to see the outcome of the previous survey but the temporary manager said they did not have this information available.

Quality supervisors said they did read through the electronic records that were made by staff about people they supported, but there was no system to show that this had been done and if there had been anything that needed to be followed up in connection with a person's support. Additionally the concerns with some people's medicines and the gaps we found in people's support plans had not been recognised during any auditing carried out in the service.

The service had recently been through a number of changes due to some restructuring carried out by the provider. This had led to some changes in staff and job roles. Office staff said this had been an unsettling time but things were now "moving forward." The temporary manager said, "Following the reorganisation we are all finding our feet. We have been through a period of change."

A relative told us they had felt extremely positive with how they had been responded to whilst their relation was moving into the service. The relative said, "They were fantastic if we had a question they answered it straight away." Another relative told us, "With the changes we have seen it (the service) is clearly going in the right direction." Support workers told us they had not felt effected by the reorganisation and they had continued to receive the support they needed during this time.

The temporary manager told us staff were kept up to date with information about the service through emails and a newsletter. There were team meetings for the staff who worked together in the supported living projects. A project support worker told us they held a four weekly tenant meeting where people were asked how they were and they made plans for activities at home and within the local community.

Staff said they felt welcomed when they came to the office and any resources they needed, such as personal protective equipment (PPE), were always available. Staff told us they could always contact a senior or manager for advice, including out of hours when there was an 'on call' service provided. Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner, this is known as whistleblowing and all registered services are required to have a whistleblowing policy.

The provider complied with the condition of their registration to have a registered manager in post to

manage the service. The registered manager was currently not at work and the provider had notified us about this. The provider had made some temporary management arrangements, including appointing a temporary manager whilst the registered manager was not at work.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Service user's medicines were not always managed properly or safely and known risks may not be mitigated. Regulation 12 2(a) (b) and (g)